



**STATE OF NEW HAMPSHIRE**  
**APPLICATION FOR CERTIFICATION**  
**WASTEWATER TREATMENT OPERATOR**

TYPE OR PRINT CLEARLY. Applications that are incomplete or lack supporting evidence will delay processing. If the applicant is successful, certification is valid for a two year period. If unsuccessful, the applicant will be allowed ONE RETEST at the same grade at the next scheduled exam.

NOTE: A \$50.00 Fee is required for certification. Make check or money order payable to:  
**TREASURER - STATE OF NEW HAMPSHIRE** (we cannot accept cash).

1. \_\_\_\_\_  
(your last name) (first name) (middle name)

2. \_\_\_\_\_  
(home mailing address) (city) (state) (zip code)

3. \_\_\_\_\_  
(home phone) (business phone) (E-mail address)

4. **Current Wastewater Operator Certification:**

\_\_\_\_\_ Yes \_\_\_\_\_ No  
(state) (grade) (number) (date received) (by examination?)

5. Is this application for reciprocity with another State? Yes \_\_\_\_\_ No \_\_\_\_\_  
(A copy of your license & State's certification rules must accompany this application)

6. Place a check mark next to the certification grade for which you are applying. The minimum education and experience requirements for each grade level are listed below.

	<u>Education (years)</u>	<u>Experience (years)</u>
_____ Grade I- OIT	12	0
_____ Grade I	12	1
_____ Grade II- OIT	12	1
_____ or II-OIT	13	0
_____ Grade II	12	3
_____ Grade III- OIT	14	2
_____ Grade III	14	4
_____ Grade IV- OIT	14	4
_____ Grade IV	14	6

7. Is applicant requesting any education and/or experience substitutions?  
Education Substitution: Yes \_\_\_\_\_ No \_\_\_\_\_ Experience Substitution: Yes \_\_\_\_\_ No \_\_\_\_\_

8. **Education:**

a. Circle the highest grade successfully completed.

High School: 7 8 9 10 11 12 GED

\_\_\_\_\_  
(name of school) (city) (state) (date of graduation)

b. College: Circle the number of years successfully completed.

1 2 3 4 Degree Received: Associate \_\_\_\_\_ Bachelor \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

\_\_\_\_\_  
(name of college) (city) (state) (date of graduation)

8. **Education:** (continued)

c. **List additional courses and training which you would like considered toward the education requirement. Attach evidence of course completion** (certificate, grade report). List Course Title, Name & Location, Date Completed, Credits on back page.

d. **Attach evidence of course completion** (certificate, grade report, etc.). Submit official college transcript.

9. **Experience:** List your employment record in wastewater operations, starting with your present or most recent employment (indicate whether employment was full or part-time). If employment was part-time, indicate average number of hours worked per week. Partial credit toward operating experience may be given for related experience. **You must provide a complete and thorough description of duties for each relevant job description. Use additional sheets, if necessary.**

a. \_\_\_\_\_  
(name of facility) (city) (state)

\_\_\_\_\_  
(type of facility) (design flow)

Treatment Units: \_\_\_\_\_

Solids Handling Units: \_\_\_\_\_

\_\_\_\_\_  
(your title) (name of supervisor) (title of supervisor)

Description of Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Started: (Mo/Yr) \_\_\_\_\_ Date Separated: (Mo/Yr) \_\_\_\_\_

Total Length of Employment: \_\_\_\_\_ Years \_\_\_\_\_ Months Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_

b. \_\_\_\_\_  
(name of facility) (city) (state)

\_\_\_\_\_  
(type of facility) (design flow)

Treatment Units: \_\_\_\_\_

Solids Handling Units: \_\_\_\_\_

\_\_\_\_\_  
(your title) (name of supervisor) (title of supervisor)

Description of Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Started: (Mo/Yr) \_\_\_\_\_ Date Separated: (Mo/Yr) \_\_\_\_\_

Total Length of Employment: \_\_\_\_\_ Years \_\_\_\_\_ Months Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_

9. **Experience:** (continued)

c. \_\_\_\_\_

(name of facility)	(city)	(state)
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(type of facility)	(design flow)
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Treatment Units: \_\_\_\_\_

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Solids Handling Units: \_\_\_\_\_

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(your title)	(name of supervisor)	(title of supervisor)
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Description of Duties: \_\_\_\_\_

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Date Started: (Mo/Yr) \_\_\_\_\_ Date Separated: (Mo/Yr) \_\_\_\_\_

Total Length of Employment: \_\_\_\_\_ Years \_\_\_\_\_ Months Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_

## 10. SIGNATURES

Verification of experience is required by the signature of either the operator in responsible charge at the facility or the permittee of record for the facility.

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 (Operator in Responsible Charge)

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 (Permittee of Record)

## 11. REFERENCES

Give name, address and daytime phone number of two persons, not relatives, who have knowledge of your character, experience, and ability.

a. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

"I hereby certify the information given by me is true and complete to the best of my knowledge, not only for the issuance of the certificate, but also for the retention of the certificate. I further agree to abide by the provisions of the Certification Regulations of the Water Division."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:**

**State of New Hampshire DES - Water Division**  
**Wastewater Operations Section**  
**PO Box 95**  
**Concord, NH 03302-0095**

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